

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

E

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <u>6924</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing  is <u>DONALD FIORE</u>  P O Box Bldg Room No if any _____  Street <u>370 VANDERBILT MOTOR PARKWAY</u>  City <u>HAUPPAUGE</u>  State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>	3 Name file number and address of labor organization  Name <u>ELECTRICAI WORKERS IBEW AFL-CIO LU 25</u>  Labor Organization File Number <u>039-321</u>  P O Box Building and Room Number if any _____  Street <u>370 VANDERBILT MOTOR PARKWAY</u>  City <u>HAUPPAUGE</u>  State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>
5 Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

<b>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</b>	
3 Name and address of Employer (including trade name if any)  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income          7 b Amount  _____

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Donald J Fiore*

On

8/10/05  
Date

631-273-4995

Telephone Number

Name of Person Filing **DONALD FIORE**

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8** Name and address of Business (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer name

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing \_\_\_\_\_**12 a** Nature of interest held or income received**12 b** Amount

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name ANNUITY FUND OF THE ELEC IND OF LI

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street 372 VANDERBILT MOTOR PARKWAYCity HAUPPAUGEState NY ZIP Code + 4 11788-5133**14 a** Nature of payment

REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR  
PERSONALLY INCURRED EXPENSES FOR ATTENDANCE  
AT I B E W /NECA CONFERENCE IN ORLANDO, FL

**13 a** Is the Business an Employer ☒ or Consultant ☐**14 b** Amount of payment318 54

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing \_\_\_\_\_**12 a** Nature of interest held or income received**12 b** Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name **ANNUITY FUND OF THE ELEC IND OF LI**

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133****14 a** Nature of payment

**REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO, FL**

**13 a** Is the Business an Employer ☒ or Consultant ☐

**14 b** Amount of payment**477.81**

Name of Person Filing <b>DONALD FIORE</b>		File Number <b>U</b>
---	--	----------------------

  

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b>          <b>11 b Approximate dollar value of such dealing</b> _____  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b> _____

  

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <u>I B E W LOCAL 25 401K FUND</u>  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street <u>372 VANDERBILT MOTOR PARKWAY</u>  City <u>HAUPPAUGE</u>  State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>	<b>14 a Nature of payment</b>  REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I B E W /NECA CONFERENCE IN ORLANDO FL
<b>13 a Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14 b Amount of payment</b> <span style="float: right;"><u>318 54</u></span>

Name of Person Filing **DONALD FIORE**File Number **U**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing \_\_\_\_\_**12 a** Nature of interest held or income received**12 b** Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name **I B E W LOCAL 25 401K FUND**

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133****14 a** Nature of payment**REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO, FL****13 a** Is the Business an Employer ☒ or Consultant ☐**14 b** Amount of payment**477 81**

Name of Person Filing <b>DONALD FIORE</b>		File Number <b>U</b>	
<p><b>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</b></p>			
<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>	
<p><b>10 If 9 b or 9 c is checked give trust or employer' name</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p><b>11 a Nature of such dealing</b></p>     <p><b>11 b Approximate dollar value of such dealing</b> _____</p> <p><b>12 a Nature of interest held or income received</b></p>     <p><b>12 b Amount</b></p>	
<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>			
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <b>I B E W LOCAL 25 PENSION FUND</b></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <b>372 VANDERBILT MOTOR PARKWAY</b></p> <p>City <b>HAUPPAUGE</b></p> <p>State <b>NY</b> ZIP Code + 4 <b>11788-5133</b></p>		<p><b>14 a Nature of payment</b></p> <p><b>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I B E W /NECA CONFERENCE IN ORLANDO, FL</b></p>	
<p><b>13 a Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/></p>		<p><b>14 b Amount of payment</b> <span style="float: right;"><b>318 54</b></span></p>	

Name of Person Filing **DONALD FIORE**File Number **U**

**B** Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing \_\_\_\_\_**12 a** Nature of interest held or income received**12 b** Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name **I B E W LOCAL 25 PENSION FUND**

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133****14 a** Nature of payment**REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO FL****13 a** Is the Business an Employer ☒ or Consultant ☐**14 b** Amount of payment**477 81**

Name of Person Filing **DONALD FIORE**File Number **U-**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11 a Nature of such dealing

11 b Approximate dollar value of such dealing \_\_\_\_\_

12 a Nature of interest held or income received

12 b Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name **I B E W LOCAL 25 HEALTH/BENEFIT FUND**

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133**

14 a Nature of payment

**REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I B E W /NECA CONFERENCE IN ORLANDO, FL**

13 a Is the Business an Employer ☒ or Consultant ☐

14 b Amount of payment

**318.54**



Name of Person Filing <b>DONALD FIORE</b>	File Number <b>U</b>
---	----------------------

  

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
--	--

  

<b>10 If 9 b or 9 c is checked give trust or employer name</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b>          <b>11 b Approximate dollar value of such dealing</b> _____  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b> _____
--	--

  

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <u>I B E W LOCAL 25 HEALTH/BENEFIT FUND</u>  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street <u>372 VANDERBILT MOTOR PARKWAY</u>  City <u>HAUPPAUGE</u>  State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>	<b>14 a Nature of payment</b>  <b>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO, FL</b>
--	---

  

<b>13 a Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14 b Amount of payment</b> <span style="float: right;"><b>477 81</b></span>
---	--

Name of Person Filing **DONALD FIORE**File Number **U**

**B** Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing \_\_\_\_\_**12 a** Nature of interest held or income received**12 b** Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name **I B E W LOCAL 25 VHT FUND**

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133****14 a** Nature of payment**REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I B E W /NECA CONFERENCE IN ORLANDO, FL****13 a** Is the Business an Employer ☒ or Consultant ☐**14 b** Amount of payment **318 54**

Name of Person Filing <b>DONALD FIORE</b>	File Number <b>U</b>
---	----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b>          <b>11 b Approximate dollar value of such dealing</b> _____  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b> _____

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>I B E W LOCAL 25 VHT FUND</b>  Trade Name if any _____  P O Box Bldg Room No if any _____  Street <b>372 VANDERBILT MOTOR PARKWAY</b>  City <b>HAUPPAUGE</b>  State <b>NY</b> ZIP Code + 4 <b>11788-5133</b>	<b>14 a Nature of payment</b>  <b>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO, FL</b>
<b>13 a Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14 b Amount of payment</b> <span style="float: right;"><b>477 81</b></span>